

SHE REPRESENTATIVE: Name		YEAR: Same as inspection		
SECTION/AREA: Same as inspection		INSP NO: Give no (optional)		MONTH:
NO	COMMENT/DEVIATION NOTED	ACTION TO BE TAKEN	ACTI ON BY	DATE COMPLE TED
1	Ergonomics – Balance broken chair with fire extinguisher	Replace chair	KOOS	DATE
2	Ventilation – Thinners open without cap	PLACE IN STORE MARK WITH CORRECT SIGN – FLAMMABLE CHEMICAL – MAKE	PIET	DATE
3	Stacking - washbasins stacked unsafely	Re- pack – set the standard – train	PIET	DATE
COMMENTS BY SHE REPRESENTATIVE : (Any other comment)				
Signature - SHE Representative: Sign		Date: Fill in		
COMMENTS BY SHE COMMITTEE				
Inspection report noted by the SHE Committee. The SHE hazards observed and steps that will be taken to rectify deviations have been noted and follow up action was allocated to responsible persons for completion and report back to the SHE Committee.				
Any specific comments				
Signature - Chairman: To sign		Date: Fill in		
Signature - Employer: To sign		Date: Fill in		